

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

APPLICANT(S)

FILING DATE

10 823 998 04/11/4/04

CLAIMS

	AD FILED		ADDITIONAL ASSIGNMENT		ADDITIONAL ASSIGNMENT	
	CHD	DEP	CHD	DEP	CHD	DEP
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11		/				
12	/					
13		/				
14		/				
15	/					
16		/				
17		/				
18		/				
19		/				
20	/					
21		/				
22		/				
23		/				
24		/				
25		/				
26		/				
27		/				
28	/					
29		/				
30		/				
31		/				
32		/				
33	/					
34		/				
35		/				
36	/					
37		/				
38		/				
39		/				
40		/				
41		/				
42		/				
43		/				
44		/				
45		/				
46		/				
47		/				
48		/				
49		/				
50		3				
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	CHD	DEP	CHD	DEP	CHD	DEP
51		3				
52		/				
53		/				
54		/				
55		/				
56		/				
57		/				
58		/				
59		/				
60		/				
61		/				
62		/				
63		/				
64		/				
65		/				
66	/					
67	/					
68		/				
69		/				
70		/				
71		/				
72		/				
73		/				
74		/				
75		/				
76		/				
77		/				
78		/				
79		/				
80		/				
81		/				
82		/				
83		/				
84		/				
85		/				
86	/					
87	/					
88		/				
89	/					
90	/					
91	/					
92	/					
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	15 ↓		↓		↓	
TOTAL DEP.	81 ←		←		←	
TOTAL CLAIMS		96				